

Student Profile

This form replaces the need for a copy of each student's IEP, it will provide the basic information relative to each student associated with the need for extraordinary cost funds. Student needs must relate to the anticipated shortfall of revenues calculated on the funding request worksheet.

Please copy this form as necessary.

Student ID # _____ (please do **NOT** use SSN) Age: _____

Primary Disability (i.e, autism, deaf, etc.): _____ Placement: _____

List the special education instruction and related services (including transportation) provided to this student and the amount of services for each area. _____

Is this placement initial or continuing for the current school year? _____

Does the student receive extended school year services? _____

If yes, please describe the amount, length and type of services provided. _____

Does the student require supplementary personnel, i.e., instructional aide, educational interpreter? If yes, please explain the role and function of these personnel and include the amount of services that they provide.

Does the student require assistive technology devices and/or services? If yes, please explain what devices are being used and when this item was purchased for use.

Approximate current fiscal year expenditures by the district to serve this student. Please provide the following:

- Staff time (salaries & benefits) _____
- Purchased services _____
- Related services costs including transportation _____
- Supplies _____
- Misc. (please provide specific detail of costs included here). _____
- TOTAL \$ _____